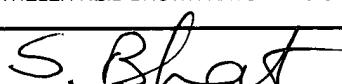


 <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/671,465
		Filing Date	09/29/2003
		First Named Inventor	Alex S. Goldenberg et al.
		Art Unit	2629
		Examiner Name	Moon, Seokyun
Total Number of Pages in This Submission		Attorney Docket Number	IMMR-0091B (034701-562)

ENCLOSURES (check all that apply)

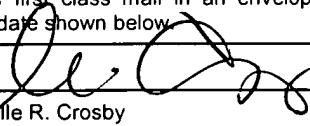
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (RR) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard	
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
			<input type="checkbox"/> CD, Number of CD(s) _____
			<input type="checkbox"/> Landscape Table on CD

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	THELEN REID BROWN RAYSMAN & STEINER LLP		
Signature			
Printed Name	Suvashis Bhattacharya		
Date	2/13/08	Reg. No.	46,554

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